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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09767485

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.14(a))				\$355	OR		\$
TOTAL CLAIMS (37 CFR 1.14(c))	46	minus 20 =	x \$ 9 =	234	OR	x \$	
INDEPENDENT CLAIMS (37 CFR 1.14(b))	7	minus 3 =	x \$ 40 =	160	OR	x	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.14(d))			+ =		OR	+ =	
			TOTAL	749	OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

7.19.04

(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total (37 CFR 1.14(a))	*	Minus	**	x \$		OR	x \$	
Independent (37 CFR 1.14(b))	*	Minus	***	x		OR	x	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(d))				+ =		OR	+ =	
				TOTAL	ADDIT. FEE	OR	TOTAL	ADDIT. FEE

8.12.04

(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total (37 CFR 1.14(a))	*	Minus	**	x \$		OR	x \$	
Independent (37 CFR 1.14(b))	*	Minus	***	x		OR	x	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(d))				+ =		OR	+ =	
				TOTAL	ADDIT. FEE	OR	TOTAL	ADDIT. FEE

(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total (37 CFR 1.14(a))	*	Minus	**	x \$		OR	x \$	
Independent (37 CFR 1.14(b))	*	Minus	***	x		OR	x	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(d))				+ =		OR	+ =	
				TOTAL	ADDIT. FEE	OR	TOTAL	ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 6.2 hours to complete. Time will vary depending upon the needs of the individual case.
Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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